

Case Number:	CM14-0157508		
Date Assigned:	09/30/2014	Date of Injury:	01/08/2013
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 54-years old female who had developed persistent cervical pain subsequent to an injury dated 1/8/13. She has been diagnosed with a cervical radiculopathy and was treated with cervical epidural injections. There was 2 post injection physical therapy sessions completed. It is reported that there were no changes in pain or function after the epidural injections. She is being evaluated for an ataxic gain of unknown cause.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy Post - injection two times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter - Physical therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Physical Therapy Post Injection Treatment.

Decision rationale: MTUS Guidelines do not specifically address the issue of post injection procedure physical therapy. ODG Guidelines directly address this issue and state those 1-2 sessions is adequate therapy when provided post injection. The patient has completed 2 sessions

and there are no unusual circumstances that would justify an exception to Guidelines. The request for 2 sessions for 4 weeks is not medically necessary.